

**Massachusetts Department of Public Health
Request for Alternative Means of Communication**

Name: _____

Address: _____

Phone # _____ Date of Birth: ____/____/____

My request applies to the following Program(s) (only the programs listed will be required to comply with this request):

Program	Location

Requested Alternative Means of Communication:

☐ Alternative Phone Number: _____

☐ Alternative Mailing Address: _____

☐ Other Means of Communication: _____

My Request Applies to:

☐ Communications about a single date of service only: ____/____/____

☐ Communications from this date of service until further notice: ____/____/____

☐ From ____/____/____ to ____/____/____

Your Signature or Signature of Personal Representative

Date

Print Name

Indicate relationship of person signing this form to the individual who is the subject of the information disclosed.

____ Person signing is the individual

____ Person signing is the Personal Representative authorized to make health care decisions for the individual. Describe the authority _____

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Please note:

If your request is *granted*, the alternate address and/or telephone number you requested will be used for ALL future communications between you and DPH. The alternate address and/or telephone number will remain in place until the date designated above or until you change the restriction in writing. If your request was *denied*, this response will be made by the alternative means specified, and ALL later communications will be to your previous contact information.

DPH Only		
DPH Decision		
<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Denied	
	<input type="checkbox"/> Request is excessively burdensome	
	<input type="checkbox"/> Unable to accommodate request administratively	
	<input type="checkbox"/> May prevent effective treatment	
	<input type="checkbox"/> Additional explanation:	
	<hr/>	
	<hr/>	
<hr/>		
By: _____	_____	_____
Signature	Title	Date

If a you have a complaint about this response you may file a complaint with:

Privacy Office
Massachusetts Department of Public Health
250 Washington St.
Boston, MA 02108
Phone: 617-624-6083